

Health Marketing Credits

Reimbursement Form



To request Mutual of Omaha debit your marketing credits and reimburse you for applicable expenses; complete and submit this form with paid invoices or receipts for any of the following items:

- Conference fees
- Postage for mailings
- Website development
- Office equipment that assists you with our electronic tools (computer, laptop, tablet or smartphone)
- Professional training or designation expenses
- Leads you purchase from a vendor (Submit the prospecting piece with this request.)
- Advertising fees (Submit a copy of the advertisement with this request.)

Contact Information (Please print):

Name _____ Production # _____

Mailing Address (not a P.O. Box) Street/City/State/ZIP _____

Email (required for notification of receipt) _____

By signing this form, you are requesting that Mutual of Omaha debit your Mutual of Omaha marketing credits account.

Signature _____ Phone _____ Date _____

Make Check/Deposit Payable to _____

How would you like to receive your marketing credit reimbursement?

- Check in the mail. Please allow five-seven business days.
- Direct deposit to your bank account. *(To set up your marketing credit reimbursements for direct deposit, complete and submit the ACH form on the next page. Submit the ACH form once to be set up for all future reimbursements.)*

Please submit this form along with your expenses documentation by one of the following methods:

Fax Marketing Credits 402-351-1921	Email marketingcredits@mutualofomaha.com
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For Home Office Use Only		
Account	Requested Amount	Date:
805100-36860 (MS)	\$	Signature:
805010-35194 (LTC)	\$	Remaining Balance: \$
805010-35231 (CA)	\$	
805010-35240 (PIP)	\$	Total Payment: \$

If you have any questions, please call Sales Support at 800-693-6083 (7:30 a.m. to 5:30 p.m. CT).



Mutual of Omaha Insurance Company
 3300 Mutual of Omaha Plaza
 Omaha, NE 68175
 MutualofOmaha.com

Letter of ACH Authorization

Health Marketing Credits

Name _____

Address _____

Tax ID _____

This letter authorizes Mutual of Omaha to make this and all future payments to the following bank account for amounts owed to me under my marketing credit account. I will also accept an email notice for these payments to the following email address _____.

I understand that by submitting this form once, all of my future marketing credit reimbursements will be paid through ACH.

I agree that I will make Mutual of Omaha aware of any changes to this banking information as well as any changes to this agreement.

Bank Name _____ Routing Number _____

Bank Address _____ Account Name _____

Account Number _____

Please indicate the type of account:

- Checking Savings

Name _____

Signature _____

SUBMIT THIS FORM ONLY ONCE with your marketing credit reimbursement request.